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PTO/SB/01 (10-00)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	2014
	First Named Inventor	Hochschuler et al.
	COMPLETE IF KNOWN	
	Application Number	09 / 794,873
	Filing Date	02/27/2001
	Group Art Unit	3732
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR TREATING A VERTEBRAL BODY

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 02/27/2001

as United States Application Number or PCT International

Application Number 09/794,873 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/185,323	2/28/2000	
60/220,303	07/24/2000	
60/239,216	10/10/2000	
60/239,217	10/10/2000	

[Page 1 of 2]

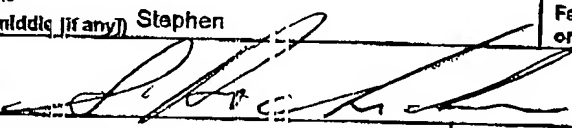
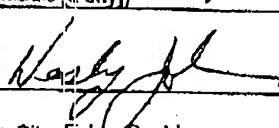
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/>	OR	<input checked="" type="checkbox"/> Correspondence address below
Name Robert C. Beck					
Address Beck & Tysver, P.L.L.C.					
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any) Stephen			Family Name or Surname Hochschuler		
Inventor's Signature 			Date 11/6/01		
Residence: City Dallas		State TX	USA Country	Citizenship USA	
Mailing Address 17214 Club Hill Drive					
Mailing Address					
City Dallas		State TX	ZIP 75248	Country USA	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any) Wesley			Family Name or Surname Johnson		
Inventor's Signature 			Date 11/9/01		
Residence: City Eden Prairie		State MN	USA Country	Citizenship USA	
Mailing Address 3091 Spruce Trail					
Mailing Address					
City Eden Prairie		State MN	ZIP 55347	Country USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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PTO/SB/02A (3-97)
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Kevin L.				Nickels			
Inventor's Signature	<i>Kevin L. Nickels</i>					11/9/01	
Residence: City		Bloomington	State	MN	Country	USA	Citizenship
Post Office Address		8732 Walton Pond Circle					
Post Office Address							
City	Bloomington	State	MN	ZIP	55438	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Thomas R.				Hektner			
Inventor's Signature	<i>Thomas R. Hektner</i>					9/11/01	
Residence: City		Medina	State	MN	Country	USA	Citizenship
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Post Office Address							
City	Medina	State	MN	ZIP	55340	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Larry				Wales			
Inventor's Signature	<i>Larry Wales</i>					11/9/01	
Residence: City		Maplewood	State	MN	Country	USA	Citizenship
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Post Office Address							
City	Maplewood	State	MN	ZIP	55119	Country	USA

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Tyler				Lipschultz			
Inventor's Signature				Date		11/8/2001	
Residence: City		Minneapolis		State		MN	
				Country		USA	
Post Office Address		15 South First St.					
Post Office Address		#A110 #A1119					
City		Minneapolis		State		MN	
				ZIP		55401	
				Country		USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
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